

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/431,699	11/01/99	705	3 2768- 3 (RC-MSK)	09765/016001

APPLICANT

CARL G. DEMARCKEN, CAMBRIDGE, MA.

CONTINUING DOMESTIC DATA***

VERIFIED

MSK

None

371 (NAT'L STAGE) DATA***

VERIFIED

MSK

None

FOREIGN APPLICATIONS***

VERIFIED

MSK

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/30/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials	MSK	Customer Number 26161			

ADDRESS

DENIS G MALONEY
FISH & RICHARDSON
225 FRANKLIN STREET
BOSTON MA 02110-2804

TITLE

METHOD FOR GENERATING A DIVERSE SET OF TRAVEL OPTIONS

FILING FEE RECEIVED \$1,150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
--------------------------------	---	---